

transmission of impulses from the cerebral cortex to the muscles which tract does not have its course within the pyramids. ONUF.

PATHOLOGICAL.

Facial Hemiatrophy.—Möbius. (*Specille Pathologic und Therapie*. XI. Band, 1895).

After a short historical sketch the author first considers the subject in a general way. Local trauma seems to be the most frequent cause for its appearance, and especially in younger subjects. The characteristic symptom of this slowly developing disease, is the circumscribed atrophy of the skin on the face. Sometimes confined to a small spot, at other times involving one complete half of the face and even at times extending over to the opposite side, with regard to the depth of the parts involved it also varies. In some the skin is affected. In others the fat layer bones and muscles are involved. The glands of the skin and hair do not escape. Sometimes one-half of the tongue is affected. Besides the circumscribed atrophy other symptoms may alone be present. One of the most frequent is trigeminal neuralgia.

Muscular twitchings, which the author thinks may be due to the neuralgia or active disease of the muscles often show themselves. Occasionally spasm of the muscles of the jaw.

This disease may continue to advanced age.

But sooner or later the atrophy reaches its maximum point and then the condition remains unchanged. The author then goes into a thorough discussion of the symptoms individually.

First : With regard to the nature of the atrophy in the skin. He is inclined to believe that the atrophy in a great many cases slowly advances over the diseased area and have all the characteristics of the simple atrophy of the skin described by Lesser, viz., an advancement with an infiltrated marginal wall clearing behind the atrophied skin. In other cases he supposes this to be merely a simple atrophy and nothing more.

Second : The extension of the atrophy. In the majority of cases only one-half the face is involved. In others both sides of the face. This atrophy may occur, however, on other parts of the body also. Again in those cases where there is merely "Hemiatrophia Facialis," the atrophy may extend over a greater or lesser area of a circumscribed space. The author describes several cases which have come under his own observation with profuse illustrations accompanying.

Thirdly : As a consequence of the atrophy, disfigurement results.

Fourth : Accompanying symptoms

(1). Trigeminal neuralgia. Twitchings are most often noticed in these cases.

(2). Sympathetic disturbances.

(3). Hemiplegia in a case of Pary's. Insanity in Bergson's and Mendel's cases. Epilepsy in a case of Meyer's.

Anatomically there has been discovered in a case of Jolly's a brain sclerosis. With regard to the ætiology the author considers it an exogenous disease. Begins in youth and is more frequent amongst women. The left side more often affected than the right.

The author is very strongly inclined to believe that this disease is due to an external local infection. That this infection may take place either in the region of the tonsils, mucous membranes, or skin. The numerous cases which are cited, and the discussion which the author enters into in order to substantiate this theory should be read in the original.

Pathological anatomy. Here little is to be learned from the autopsies.

Diagnosis.—This should be based upon the circumscribed thinning of the skin. Secondly, that the area is discolored. Thirdly, that it occurs in youth.

The most difficult point is to differentiate between the disease and skleroderma. At times this seems almost impossible. The author is inclined to believe that the two are very closely related.

Course and prognosis.—A case of recovery has up to the present time never been recorded.

With regard to treatment, the author thinks that a prophylactic course in the way of a surgical interference over the infected area may be of the greatest benefit.

WIENER.

On the Degenerations Following Cerebellar Lesions. Preliminary Communication.—B. Pelizzi. (*Rivista sperimentale di freniatria*, etc.).

P. performed ablation of the medial lobe of the cerebellum on dogs. The consecutive degeneration of tracts of fibres was studied with Marchi's method, with the following results:

1. *Complete degeneration of the superior peduncles of the cerebellum.*

a. Part of the fibres of the retroflexed fascicle of the superior cerebellar peduncles after having crossed the median line at the level of the crossing of the superior cerebellar peduncles turn ventrad and then caudad passing along the raphe to join the medial lemniscus (fillet). They can be traced as a distinct bundle into Gower's tract which they help to form occupying its ventral part.

b. Another part of the fibres after crossing the median line with the other fibres of the superior cerebellar peduncles separate into a superior and inferior bundle. The inferior (ventral) bundle joins the lemniscus and ends in the nucleus of the posterior corpus bigeminum. The superior (dorsal) fascicle passes ventrad of the posterior longitudinal fascicle, and is separated from the inferior one by a stratum of normal fibres; it ends partly in the posterior and partly in the anterior corpus bigeminum.

c. The rest of the fibres (of the superior cerebellar peduncles) pass, after the crossing, towards the red nucleus, part end in the latter, part continue their course through the median and lateral laminae of the thalamus to join the internal capsule and can be traced into the white substance of the central convolutions. The crossing of the superior cerebellar peduncles is probably complete.

2. *Brachia cerebelli ad pontem and pons.*

The degeneration is insignificant in the superficial stratum of the pons, considerable in the deep stratum. After crossing the median line part of the degenerated fibres pass cephalad and join the pyramids of the opposite side; in the pes pedunculi they occupy the inferior (ventral) and external part. Another portion of the crossed degenerated fibres join the lemniscus and ascend towards the posterior corpus bigeminum.

3. *Restiform body.*

Degeneration partial, not of the circumscribed bundle but in small patches throughout the whole restiform body. The degenerated fibres become *fibræ arcuatæ internæ* and enter the inferior olive of the opposite side.

4. *Fillet. (Lemniscus).*

Degeneration most intense in the lateral (inferior) fillet in an ascending direction. Most of the degenerated fibres originate from the superior cerebellar peduncles, part come from the corpus trapezoides and pons.

The superior (median) fillet shows degeneration only in its medial and ventral portion; the degenerated fibres originate partly from the superior cerebellar peduncle, partly from the deep pons fibres. Those that occupy the most medial and ventral part of the lemniscus form a circumscribed bundle which probably corresponds to